



SEMIAHMOO ROCK

Semiahmoo Minor Lacrosse Association

EXPENSE or REFUND CLAIM FORM

Name of Claimant: _____

Name & Division of Player (if Requesting Refund): _____

Address, Email & Phone: _____

Date	Amount	Description	
			Total

Claimant Signature

Authorized Executive Signature

Date Cheque Issued:

Cheque Number:

Submit via email to Larry Sorensen @ treasurer@semiahmoolacrosse.com
Allow for 2 weeks processing as cheques will be cut on the 15th and 30th of each month